

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each in order of birth stated.

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTH

State File No. 259
Registered No. 206V

1. PLACE OF BIRTH

County Deila State Arizona
District or Township _____ or Village _____
City Miami No. 21 Van Winkle Canon Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Kenneth Le Roy Johnson (If child is not yet named, make supplemental report, as directed.)

3. Sex of Child Male To be answered ONLY in event of plural births. 4. Twin, triplet or other _____ 5. No., in order of birth _____ 6. Legitimate? yes 7. Date of birth May 31-1929
Month Day Year

8. FATHER
Full name Louis Le Roy Johnson
9. Residence (Usual place of abode) Miami, Arizona
If non-resident, give place and state.

10. Color or race Cauc. 11. Age at last birthday 20 (Years)

12. Birthplace (city or place) Layton, Arizona
(State or country)

13. Occupation Sampler
Nature of Industry mining

14. MOTHER
Full maiden name Josie E. Campbell
15. Residence (Usual place of abode) Miami, Arizona
If non-resident, give place and state.

16. Color or race Cauc. 17. Age at last birthday 18 (Years)

18. Birthplace (city or place) Franklin, Arizona
(State or country)

19. Occupation _____
Nature of Industry Housewife

20. Number of children of this mother 2 (Taken as of time of birth of child herein certified and including this child.)
(a) Born alive and now living 2
(b) Born alive but now dead 0
(c) Stillborn 0

21. Were precautions taken against ophthalmia neonatorum? yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at 1 A. m. on the date above stated.
(Born alive or stillborn.)

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.
Signature Eyril M. Brown M.D.
Physician (Physician or midwife).

Given name added from a supplemental report _____ Address Miami, Arizona

Month, day, year _____
Filed June 12, 1929 C. E. Brown Registrar

215-531-133